



Editorial

Norman Goldstein MD

Our Lean Issues

Despite the very lean recent issues of the *Journal*, we have many excellent manuscripts *in the hopper* just waiting for publication.

The problem: Insufficient ad revenue to pay for the pages of manuscripts.

The solution: We need your help. We are planning a *Physician Referral ad page* to help our bottom line.

And ask the next few detail men (or women) who come to your office or who exhibit at your hospital to take an ad in the *Journal*. Full page ads are, of course, desirable, but even half or quarter page ads on a regularly monthly basis would be very helpful.

Call Carol or Becky at the Journal office at 536-7702, Fax 528-2376 or Lori Arizumi 988-6478, Fax 988-2785 for ad info. We need your help!



Letters to the Editor

Brochures on "Successful Strategies For Surviving Managed Care," the uniformed-like-an-Admiral J. Edward Koop's seminar on how to hold on to patients, seminars on how to cope with federal guidelines, how to interact with insurance companies, and countless other seminars on what in my opinion is the Beast—Institutional Man—flood in with the mail of medical doctors across the country.

The newspapers inform doctors incomes are down.

In psychiatry, my specialty, most people can't afford individual psychotherapy of the 45 to 50 minute therapeutic hour, and they certainly can't afford what actually works: the two to three hour to four hour psychotherapeutic hour—so as reported in the *Psychiatric News*, there is more group therapy as a substitute, not as the treatment of choice.

The various specialties of the medical field, together and separately, consume huge amounts of time in the battle for adequate dollars to treat.

The chiropractors have taken a severe blow as a result of serious losses in their attempts to lobby the legislature. Some of their homes are on the market now at bargain basement prices. Those among the chiropractors who have survived scramble to get innovatively creative within the institutional funding system, playing an ever-intensifying game of the paper chase, and/or learn to scale down.

The news has it that many medical doctors are going for MBA degrees to enter administrative positions in a desperate attempt to maintain income.

The Institutions, in my opinion, are not in trouble, they're in rubble. Only the illusion remains—like seeing a dead friend in the chair in which he always sat.

The Institutional Age has ended.

Although terrified, frightened, too damn busy filling out forms, and trying to care for patients with increasing overhead and decreasing income, and almost always perceived as rich, many of my colleagues appear to be clinging to the structures of the past. They may be increasing their own tension, frustration, and anger, firing

blind volleys at the insurance industry, which itself has been regulated into a kind of HMO. Even as they win temporary reprieves by decreasing payments, increasing paper hassles, in effect, providing less and less coverage for care, the insurance companies themselves are as doomed as the chiropractors and those of us who rely on them, and those of us who actually expect the various government bureaucracies to provide adequate funding and not strangle the autonomous physician into a hamstrung puppet tugged by increasingly severe, impossibly complicated guidelines that render the actual practice of medicine less and less possible.

Yet, I am optimistic. Everything is okay. The physician who wants to teach by his/or her example how to change with the changing times does what he loves to do: teach, advise, and treat patients.

If a patient wants heart-centered care (pun intended), the physician who loves to be a physician is always there. Before third party coverage, medicine thrived, the physician had greater respect, in fact, was generally loved by patients who rarely if ever sued him. The physician did not see patients at 5 to 15 minute clips, a hearty handshake and a generic few words to establish rapport.

Physicians gained their full-of-wonder reputation as caring people with skill by interacting with patients and families, spending blocks of time making "house calls", and no amount of technology, quick interventions, writing of prescriptions without deep personal communication and interaction with patients can substitute.

Patients who love their doctors, and doctors who love their patients are learning that personal relationships with one another as human beings is primary. Technology secondary. Even science itself becomes useless if it is inhumane.

Blase Harris, MD

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